

EXHIBIT 5a

PART 2

NSN 7540-00-834-4176

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

AUTHORIZED FOR LOCAL REPRODUCTION

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

2/3/05

0620hr

Admin. Note - Chronic Hep. C. #15
 Enteric A-7A 80 mg of Safedol. 1/9/05
 Tolerated well & Incident.


 Robert E. Plotrowski, PA-C
 FCI McKean

HOSPITAL OR MEDICAL FACILITY

SPONSOR'S NAME

STATUS

DEPART./SERVICE

SSN/ID NO.

RELATIONSHIP TO SPONSOR

RECORDS MAINTAINED AT
FCI McKean

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
 Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Moshier,
 # 10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record

STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

[illegible]

Исх. № 100000
Исх. № 100000

NIN 7540-00-634-4178

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

1/21/05
1045

2/1. fever c/o broken filling

2/1. tooth pain - broken filling @ lower
AnteriorALT 142 WBC 1,800 Hct 42.3
Plt 476 x 10³ ANC 1080

AT Hep C under TX

P/ PTAL. no pain, low
red cell blood wealdy
red cell count
note to Dr. CollinsH. BEAM, MD
FCI McKean

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT
FCI McKean

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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

10924-05

WARD NO.

Donald Nashua

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM 41 CFR 201-9.202-1

000056

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
1-27-05 0630h	Admin. Note - Chronic Hep. C 135 mcg (.75cc) Interferon alpha 2A SC Self administered Feeling well & confident	#14 2/2/05
2/2/05 1400h	7/ Check back Per I/PW to feel for "dim outpelling meds" debut next week - Wednesday	Robert E. Piotrowski, PA-C FCI McKean
SHH	8/ Look ok - CPE - stable	
SHH	A1 HepC mtr & I shall increase Interferon dose back to standard full dose P) Med. med A's (Ribavirin Same dose) (change) Peginterferon 2a 180 mcg SC QWk #2mo omeprazole 20mg po QD #7 RF12 Doxycycline 100mg po bid #1 RF12 lactulose 15cc bid #1 RF12 Albuterol ti puff Qid #1 RF3 Plu next week for peak flow etc.	2/2/05 1400h
	Reviewed By: V. Geza, PharmD	H. BEAM, MD FCI MCKEAN

SN 7540-00-834-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1/5/05 1340 SHA	Interim chuc feel well - before dose increase on Peg I / Rta ALT 199 WBC 2,200 Hct 43.9 Avc 1100 pft ct 87 x 103 A) Here on tx - improved counts P/ Recheck Wt/Wk follow count Hm under study H. BEAM, MD FCI MCKEAN
01/6/05 D620 SHA	⑤ Weekly Interferon Injection ⑥ NAD #11 ⑦ Hep ⑧ Self - Administer, 135 mcg (.75cc) of Interferon to Abd. w/o any difficulty. B. Douthit, EMT-P B. Lantier EMT-P FCI McKean

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO. 10924-052	WARD NO.
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CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000058

Donald Moshier

1/14/05
1400
SHT

S/feel ok

7) Woke at 1st at stable
after 2 doses of midday Peg I

17) Heparin on Peg I / Ribavirin
from 10/1/05 to 10/1/05 stable

18) Predmed A's // Hydration cream bid #1 R-2
(Increase) Ribavirin 600 mg po Bid { 3 mo
{ (Same) Peg, Heparin & 2a 135 mg SC QWK }
Follow course
recheck 1 WIC

Reviewed By:
V. Geza, PharmD

H. BEAM, MD
FCI MCKEAN

1/13/05
0630

admin note:

Interferon 0.75 cc SC, self administered 5 difficulty
#12 1/13/05

Eric Asp
PA-C

H. BEAM, MD
FCI MCKEAN

1/20/05
1045

admin note:

Interferon 0.75 cc SC, self administered 5 difficulty
#13 1/20/05

Eric Asp
PA-C

H. BEAM, MD
FCI MCKEAN

JN 7540-00-534-4178

AUTHORIZED FOR LOCAL RE

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
12-16-04	③ Weekly Interferon injection. No complaints	#8 10880
0715	② NAD ① HepC ① PEGasys 90 mcg in 0.5 ml self administered by patient under supervision in abdomen, without difficulty. 2. RTC in 1 week for next dose.	12/14

Sloven Labrozzi, PA-C
Physician Assistant

12/21/04
1500
SHU
feeling ok
opacny made TCN
chomoch for heart bus

② - flare of back acne 50+ large
inflamed pits

⑦ HepC on Tx; Acne; STD

⑧ PTed Nansen - Follow up

Act. NBD end 12/21/04 1520

Omeprazole 20mg po QD #7 RF=12

Doxycycline 100mg po BID #14 RF=12

lactulose 15u Bid #1 RF=0

Albuterol ii puff Qid #1 RF=3

Reviewed By
V. Geza, PharmD

HOSPITAL OR MEDICAL FACILITY

CB 1WIK

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT
FBI MCKIN

SPONSOR'S NAME

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REGISTER NO.

WARD NO.

Moshier, D 10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000060

12/23/07

admin notes

(#9 N Beam 12/23/07)

0630

Interferon 0.5cc injection subcutaneous self administered by
It is difficult

Eric Asp
PAC

STG

feel fine

12/28/07

looker - med bacitracin

STH

ALT 208 Hct 47.5

1400

WBC 2,200 (A) ALC 1100 (A)

platelet 76 x 10³ (A)

90

A) Hgic on PMS I, Riba Tx
folate

45
135

B) PTed. med A's

(increase)

Peglatrodesferon 29 135mcg

1m Qweek

(increase)

Ribavirin 400mg BID

pill len

3mo

Bacitracin

me bid 4 Rfz

H. BEAM, MD
FCI MCKEAN

Reviewed By
V. Geza, PharmD

CB 1wlc

H. BEAM, MD
FCI MCKEAN

8N 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE _____

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

12-30-04

Admin Note:

D 900

Interferon Injection 135mcg. w/ self Admin w/o any difficulty

544

for Hep C Treatment

B. Loutch 5077-P

B. Douthit, EMT-P
FCI McKean

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT
FCI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR	
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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO

WARD NO.

REGISTER NO. 10924-05

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

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FIRM (41 CFR) 201-9.202-1

000062

12/16/04

1350

S/H

S) In Status angry
C/O headacheD) look on
vocalized feeling

ALT 202

Hct 44.8

WBC 2,000

ANC 980

Retic 65x103

D) Here on tx
Peg1 / Riba @
Reduced doseCounters Stabilizing - still
not time to try working dose
back up

D) PRed signs & st up to SC time

RX: Tylenol 500 mg $\ddot{\pi}$ PO BID #28 Rize
C/O next weekReviewed By
V. Geza, PharmDH. BEAM, MD
FCI MCKEAN

101 MCKEAN

101 MCKEAN

HEALTH RECORD

CHRONOLOGICAL RECORD OF

MEDICAL CARE

DATE

SYMPTOM

DIAGNOSIS, TREATMENT TREATING C

ANIZATION (Sign each entry)

12/3/04 5/ done OK

11/00 2/ loose

got full day

Interferon yesterday

ACT 148

WBC 2,000 (71)

ANC 1000

Hct 41

ret 66x03+

Ammonia 163 (4)

TSG³

A7 Hep on TX

Pl PTD. nym 5x w/et
CB 1 wkH. BEAM, MD
FCI MCKEAN

12/9/04 Admin Note :

0655h Interferon 90 mcg SC self admin. w/et
Tolerated well - 9/ Dr. PlotrowskiRobert E. Plotrowski, D.O.
FCI McKeanH. BEAM, MD
FCI MCKEAN

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION
000064

DEPART./SERVICE SSN/IDENTIFICATION NO.

10924-052

DATE OF BIRTH

Donald morhien

12/9/04 5) done OK - related incident Army 2854
 1045 c/o "Lump Lu & he says fed up 11/0/80
 "biggs"

0) look well
 HECM, neg
 chest clear

FCI McKean
 H. BEAM, MD
 FCI McKean

chest xray ABG 90% ABSE
 Lung - 2cm - under @ center
 margin.

M) Hep C - ar TX -
 Lipoma RUQ

P) PRed - reassure about Lipoma
 monitor med. Wdenta
 Follow lab's weekly

H. BEAM, MD
 FCI McKean

HEALTH RECORD

CHRONOLOGICAL RECORD OF

MEDICAL CARE

DATE

SYMPTOM

DIAGNOSIS, TREATMENT, TREATING

ORGANIZATION (Sign each entry)

Peg I st Riga chub-back

1/24/04
10509c/o headache & hollow feeling in ear
looked well & dry nose

A) ART 144 b1

TA 78

WBC 1,600 (b1)

BP 120/80

HbC 7.68

P70

Ht 38.7

Pct 734/103 ↓

Amman 315 →

(Leucodiarthra on latulose now)
looked fine Ht 38.7
Chloroquine heart can abd soft 384

A) Hgic Peg I / Riga TX

B) Pled dose A's

Lecvan Ribavirin 200g Am 400g pm

Pegidifen 2g 90mcg Sca QWic) 3m

(Lecvan latulose 15cc tid nas)

Macitracen ml bid qd 14-2

CB1 WIC QBC (TS)

Reviewed By
V. Geza, PharmD

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

Weed

PATIENT'S NAME (Last, First, Middle Initial)

J. BEAM, MD
FOR MCKEAN

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

000066

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

Donald
Moshia
10924-053

11/30/04
1040
Admin: needs,
Tylenol 500mg $\frac{1}{2}$ PO Bid

#30
RRP

Reviewed By:
V. Geza, PharmD

Reviewed By:
V. Geza, PharmD

12/2/04
0700h
Admin Note - Chem 1/10V
Interferon 180 mcg SC self admin. abt.
Tolerated well & Independent
RTC - per Schedule

H. BEAM, MD
FCI MCKEAN

(#6)

12/3/04
1100

Robert E. Plotrowski, PA-C
FCI McKean

12/3/04
1100
Desayn has PEG I last Thursday (#5)
12/25/04

H. BEAM, MD
FCI MCKEAN

USN 7640-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
11/11/04 0745	S: interferon injection #3 O: NAP A: HCV (+) P: 10 Pegasys 180 mcg (1ml) given SQ by inmate under direct supervision B: Rtc in 1 week for next injection Eric Asp PA-C
	<u>DOSE #4</u>
11-18-04 1300	③ Interferon injection: weekly. 100 pleased by lab results are now more in his favor. ① NAO. ② HepC ③ 1. PegAsys 180 mcg given (self administered under supervision in abdomen) without difficulty. 2. Rtc in 1 week for next dose. Steven Labrozzi, PA-C Physician Assistant
11/18/04 (0930) 1430h	Adm - Inclement weather - seen ② inmates - looks fine Recheck next wk

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

10924-052

WARD NO.

Moshier, Donald
10924-052CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000068

LC
ENC ybb

DIGITAL RECORD

CHRONOLOGICAL RECORD

MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORG.	ACTION (Sign each entry)
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other:	

SUBJECTIVE: (Chief Complaint)

HepC on Tx. BCRD. ASTHMA

1/10/09

tolerating shoes - "a little better! That's it"

Acetaminophen not helping as much

020

Med. Compliance:

new butt - lactulose

OBJECTIVE: (Review System) Age:

Sex: Male

Race:

B / P: 130/90 P: 70

Wt: 287

T:

R / R:

SO2%:

Peak Flow:

HEENT: OK

Heart: OK

Last Op / Opth. Eval.:

Lungs: OK

Abdomen:

Genital / Rectal:

Extremities:

Neuro:

Recent Lab Results:

ASSESSMENT(S):

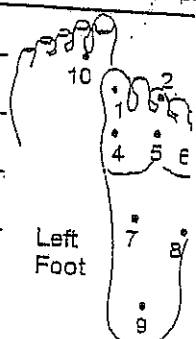
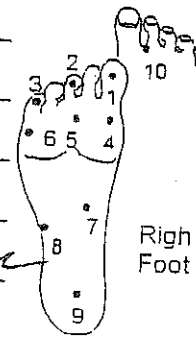
ALT 180

WBC 3,400

Hct 45.9

AUC 1802

Ammonia 262

Diabetic foot
Screen Test Step:Diabetic foot
Screen Test Steps

DSM IV Classification

Axis I:

Axis IV:

Axis II:

Axis V: GAF Score 45

Axis III: HepC on Tx

Borderline DM ASTHMA

Preventive Care:

Diet:

water

Exercise:

Tobacco Use:

yes

Medication Side Effects:

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART. / SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

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RELATIONSHIP TO SPONSOR

FCI McKean

PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle;
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REGISTER NO.

10924-052

WARD NO.

Imelda Morshes

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA / ICMR

File # 41 CFR 201.202.1

000070

Pain Level: 1 ms 3 4 5 6 7 8 9 10

PLAN:

Patient Education:

- (☒) Discussed Test Results (☐) Discussed Tx Plan
 (☐) Etiology, Complications, Prognosis, Prevention
 (☒) Diet, Diabetic / Cardiac / Disease, Lifestyle Changes (☐) No Smoking
 (☐) Medication Dosage / Administration / Compliance / Side Effects
 (☒) Patient Understood Topics (☐) Verbalized Understanding
 (☐) Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.

Total
dent base
florin

dentate
prior
(lactulose)

Diagnostic Studies: (☐) CBC / Dif (☐) U / A (☐) LFT (☐) Chem. Profile (☐) Lipids (☐) HgA1c
 (☐) PSA (☐) Viral Load (☐) CD4 (☐) Toxo IgG. (☐) Hepatitis Panel
 (☐) CXR (☐) EKG (☐) Others:

Consultations: (☐) Optometrist (☐) Ophthalmologist (☐) Orthopedic Surgeon
 (☐) Others:

Referral for Vaccination: (☐) Influenza (☐) Pneumococcal (☐) Other:

Return to Clinic for routine Follow-Up on: next wk

Treatments(s): Peg Interferon 2a → 180mcg SCa QWk } 3wks
Ribavirin 600mg po bid line
Albuterol ti puffr Qid #1 RF2
change Doxycycline 100mg po bid #60 RF2
Change Aciphex 20mg po Qd #30 RF2
Hydrocortisone ant ure bid #1 RF2
lactulose 15u Bid #1 RF8

Reviewed By:
 V. Geza, PharmD

H. BEAM, MD
 FCI MCKEAN

000071

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
11/4/04 0700	<p>S: interferon injection #2 11/10/04 01 NAD A: HCV @ P: 100 mg given SQ - administered under supervision R: RTC in 1 week for next dose Eric Asp PA-C Eric Asp PA-C</p>		
11/4/04 1020	<p>g Hgc - Peg I/Riba TX fever/prolong feeling - C/O complicated with rash at Lystra site 2) loobifone HCV test ok denture heart ok Annanta 202 (with 240) BP 146/89 285# Abd soft/no mass shredren at RUC (by site - says getting better) 3) Hgc on Peg I/Riba TX 4) Pined med Cx/Cx/Cx under care lab Cx - Cholesterol continued all meals - recheck 12/12</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10924-052	WARD NO.

Moshier, Donald

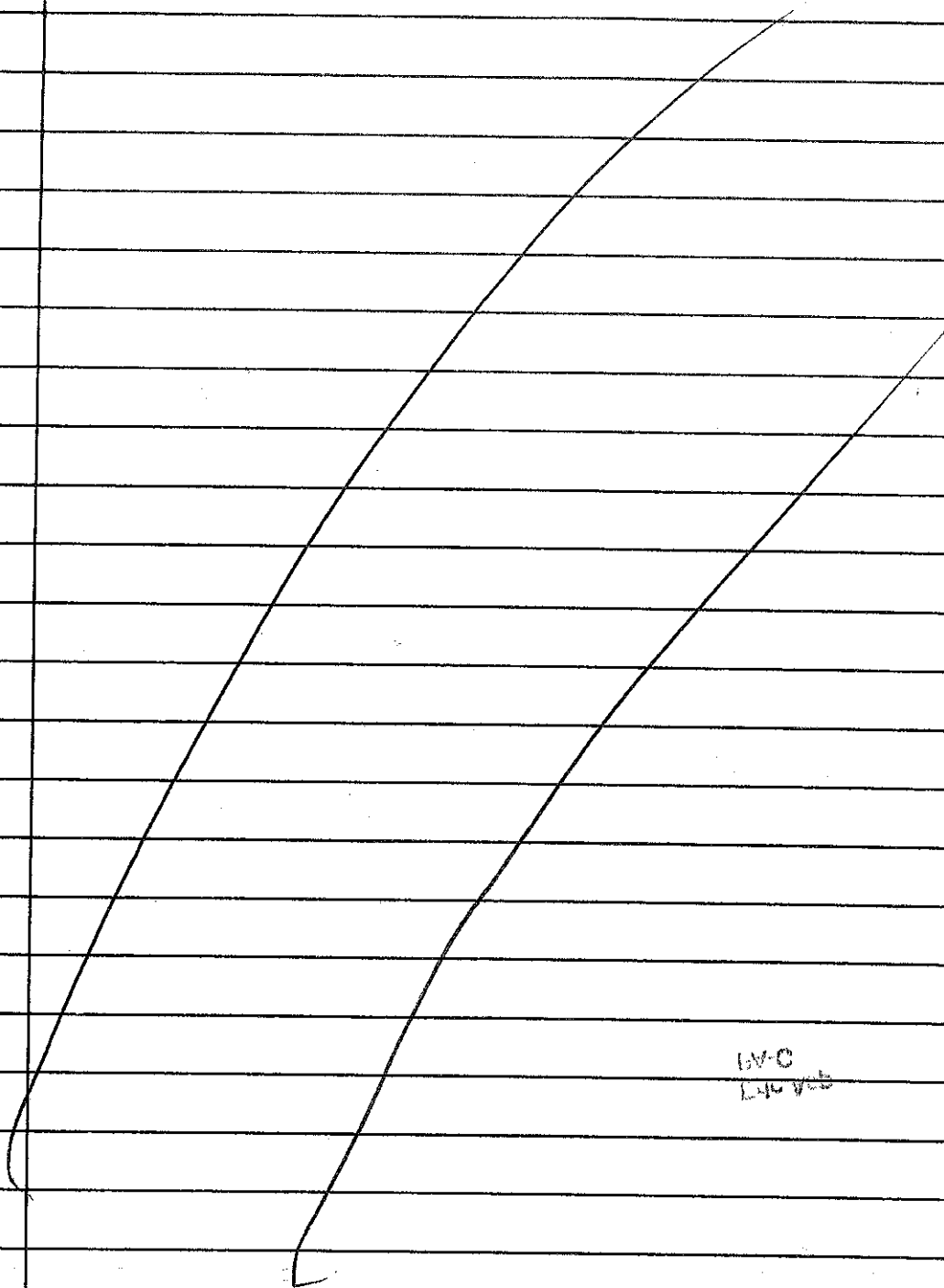
10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

 STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

000072



LV-C
LIV-VEB

HEALTH RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS AGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

2/20/04 S/ Here to discuss Peg Intron 1015
 1015
 Hpc Head, Arthra
 14- Bone marrow depression; he accepts risks -

2) look well -
 He signed consent form
 2/10 thing remaining @ ant scalp
 A) Here - will begin TX next week

P) Med - risks. 5, benefits - unknown

needs: Tetracycline 500mg po Bid #60 PR3
 Rantilip 50mg po Bid #60 PR2
 Tylenol 500mg po Bid #30 PR2

Has labulores Alliteria
 CBC - ALT weekly 5, Ammonia
 CBW

Reviewed By:
 V. Geza, PharmD

H. BEAM, MD
 FCI MCKEAN

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:		FCI McKean	
PATIENT'S NAME (Last, First, Middle Initial)			SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE/ISSN/IDENTIFICATION NO.		DATE OF BIRTH	
10924-052		000074	

10/28/04

0700

③ First dose Interferon (DOSE #1)

④ NAD

⑤ Hep-C

⑥ 1. PT ED: Injection procedure

2. PEGASYS 180 µg given (self administered under supervision) in abdomen

3. OKC in 1 week for next dose

[Signature]

Steven Labrozzi, PA-C
Physician Assistant

10/28/04

0950

5) got first shot today

287#

T978

BP 126/70

P70

o) looks & feels fine

HEP-C neg

chest clear

heart ok

Red 57835 @ women

7) Hep C Reg 15, RIBA TX

P) Pred med, Sels

Hep med

CBWIC

check CBC/PT

[Signature]

H. BEAM, MD
FCI MCKEAN

NSN 7540-00-634-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
	check back (Blood chemistry 246) (27-102)		
9/24/04 1430	9) KFP = 6 → normal C/O Rmnd fecal per d) feel good - Dismissed local care Wgt 284 BP 120/80 P80 Cauter heart 5mm Aod soft BSE w/normal was cleared by psych for Reg I A) Hope = chr havis p) pped - Further plan for TX last w/ost 15u p/Bid #1/mo RF 2 Plan ~ p declin for Reg I/RF #1 bottle RF (8x) or 1/mo		
Reviewed by V. Geza PharmD	H. BEAM, MD FCI MCKEAN		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10924-052	WARD NO.

Donald Marshes

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000076

11/24/04
1430

9/28/04
1100

Manure - needs.

All internal tips approved #1 RP 2

Reviewed By:
V. Geza, PharmD

[Signature]

H. BEAM, MD
FCI MCKEAN

10/7/04
1500

Adm Approved for Reg I / Rifa TX

Anticipated starting TX week of 10/25-29

2 RP Pegylated Interferon α2a (80mcg SC weekly)
Ri bavinin 600 mg po Bid pill line 3m

Note sent to 1/m - will have her
sign consent; Plan weekly
visits x 6 & then monthly -
monitor CBC ALT weekly x 5
Then monthly -

Reviewed By:
V. Geza, PharmD

H. BEAM, MD
FCI MCKEAN

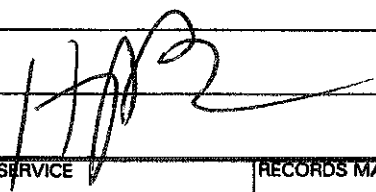
10/13/04
0730

Inmate Rec'd 11 pgs. Medical Records

[Signature] HIT
T. Petruzzini HIT

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
9/8/04 1055	<p>S/ long discussion - The Biopsy showed cirrhosis - we discussed risks of liver transplant problem; bone marrow suppression. He is wanting to and I feel it's a good idea. I'll be sending form to Washington after I get the psych clearance statement</p> <p>d) - look away</p> <p>A/ Hep C - c cirrhosis</p> <p>P/ PTSD. noted above</p> <p>Draw AFP; blood ammonia await Central office decision 9/1/04</p>		
			
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Donald Mosher

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
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000078

9/22/07
1450

Allen - Seen at hospital 9/21
appear well - mentaling

2 PD 26

Blood Ammonia 246 (27-102)

Plu chronic care ~ within 2 wks
Disin lactulose tx



H. BEAM, MD
FCI MCKEAN

NSN 7540-00-634-4176

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MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
8/24/04 0700	Adm Note Inmate on transport for liver Bx		
	D. Olson, MD Clinical Director		
8/25/04 0700	Adm Note Inmate returned from transport yesterday, ✓ pending report, convales 8/25 → 8/29/04, sch. daily checks		
	D. Olson, MD Clinical Director		
8/26/04 0900	(5) Here for wound check post liver Bx. Drain 4 on 1-10 seal (6) WAD 978 site of incision healing 5 problem of erythema / edema (A) Wound check (P) 1) 4/10 wound check per order J. E. Olson J. E. Olson FNP-CP		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
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000080

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign)

Page 29 of 73

Case 1:05-cv-00180-SJM-SFB Document 53-8 Filed 11/12/20 Page 29 of 73

DATE	SYMPTOMS, DIA	SIS, TREATMENT, TREATING ORC	ACTION (Sign each entry)
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <u>Hep C GERD Asthma</u>		
	SUBJECTIVE: (Chief Complaint) <u>1/18/04 c/o back pain - recently redig for w/c</u> <u>0950 (leg pain down back)</u>		
	Med. Compliance:		
	OBJECTIVE: (Review System) Age: <u>43</u> Sex: Male Race:		
	B / P: <u>130/80</u> P: <u>70</u> Wt: <u>278</u> T: R / R: SO2%: <u>Peak Flow:</u>		
	HEENT: <u>OK</u> Last Op / Opth. Eval.:		
	Heart: <u>OK</u>		
	Lungs: <u>Clear</u>		
	Abdomen: <u>Soft non-tender</u>		
	Genital / Rectal:		
	Extremities:		
	Neuro:		
	Recent Lab Results:		
	ASSESSMENT(S):		
	DSM IV Classification		
	Axis I: <u>As Thru</u> Axis IV: <u>acute</u>		
	Axis II: <u>Chronic LPR</u> Axis V: GAF Score: <u>65</u>		
	Axis III: <u>Hep C Borderline Diabetes</u>		
	Preventive Care: Diet: <u>water</u> Exercise: <u>walk</u>		
	Tobacco Use: <u>yes</u>		



HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART. / SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN / ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean

PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; No. or SSN; Sex; Date of Birth; Rank / Grade)		REGISTER NO. <u>10924-052</u>	WARD NO.
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Donald Moshier

DATE: SYMPTOMS, DIAGNOSIS, TREATMENT. TREATING ORGANIZATION (Sign each entry)

Pain Level: 1 2 3 4 5 6 7 7 8 9 10

PLAN:

Patient Education:

- (☒) Discussed Test Results (☒) Discussed Tx Plan
 (☒) Etiology, Complications, Prognosis, Prevention
 (☒) Diet, Diabetic / Cardiac / Disease, Lifestyle Changes (☒) No Smoking
 (☒) Medication Dosage / Administration / Compliance / Side Effects
 (☒) Patient Understood Topics (☒) Verbalized Understanding
 (☒) Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.

Diagnostic Studies: (☐) CBC / Dif (☐) U / A (☐) LFT (☐) Chem. Profile (☐) Lipids (☒) HgAlc
 (☐) PSA (☐) Viral Load (☐) CD4 (☐) Toxo Igg. (☐) Hepatitis Panel
 (☐) CXR (☐) EKG (☐) Others:

Consultations: (☐) Optometrist (☐) Ophthalmologist (☐) Orthopedic Surgeon
 (☐) Others: *premarin*

Referral for Vaccination: (☐) Influenza (☐) Pneumococcal (☐) Other:

Return to Clinic for routine Follow-Up on:

Treatments(s):

TCN + etoricoxib 500mg \times 10 Bid #60 RF2
 Ranitidine 150 mg \times 10 Bid #60 RF2
 Tylenol 500 mg \times 10 Bid #30 RF4
 Allertal \times 10 \times 10 Bid #1 RF2
~~Asid treatment sub bid #1 RF2~~

Reviewed By
 V. Geza, PharmD

H. BEAM, MD
 FCI-MCKEAN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT		TREATING ORGANIZATION (Sign each entry)
8/17/04 0910	<p>⑤ 9/0 Rt ear ache x several weeks. Drainage. (+) Pain around/behind (C) eye/mouth + around ear.</p> <p>9/0 boils on (L) gluteus + near (L) underwear</p> <p>9/0 acne, scarring... "TCN not working"</p> <p>9/0 brown discoloration of lower legs ± itching x several months</p>		
	<p>① NAD T=98²</p> <p>SKIN: - severe scarring acne esp at ^{upper} anterior posterior torso - 1 inch suppurative or exudative indications ± erythema at (C) gluteus + near (L) axilla</p> <p>- slightly scaling lesions, lower legs ± hyperpigmented macules.</p>		
	<p>HEENT: (L) (R) frontal sinus tenderness turbinates + 3/4 bilar (L) EAM (C) erythema (C) black region of impacted cerumen near TM.</p> <p>(C) Otitis media</p>		
	<p>(A) Abscesses. Cerumen impaction Acne. (C) Otitis externa</p>	<p>Sinusitis R/o Tinea versicolor } of LE R/o Xerosis</p>	
	<p>② 1. Cortizone OTC Suspension 4 drops AD BID #1 NR 2. Selsun 2.5% Shampoo Apply to AA + lather ± small amt. of water. remain on skin 10 min. Rinse thoroughly. Repeat QD } 150 ml #1 NR 3. HC 1% Cream Apply to Lower legs QID prn itching #1 R x 3 4. Augmentin-500 Tpo TID x 10d #30 NR 5. Pt declines NSAIDs. 6. C&S of exudate from abscesses. 7. Reel in 7-10 days. 8. PD: Rx, Tx plan, medl, hygiene.</p>		
	<p>Steven Labrozzi, RPh Pharmacist Steven Labrozzi, PA-C Physician Assistant</p>		<p>Steven Labrozzi, PA-C Physician Assistant</p> <p>AL BEAM, MD FCI MCKEAN</p>

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
7/15/04 1430	Adm URC - Approved for lower Rx -	<i>[Signature]</i>
8/5/04 1530	Adm - See Capout response Rx Albuterol 11/11/04 Did #1 RF-	<i>[Signature]</i>
	Reviewed By: V. Geza, PharmD	<i>[Signature]</i>
		H. BEAM, MD FCI MCKEAN
		H. BEAM, MD FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 18924-052 WARD NO.

Donald Morrison

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

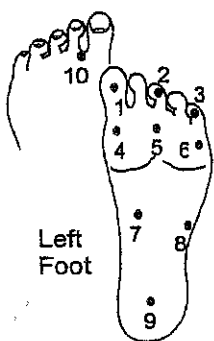
000085

MEDICAL RECORD

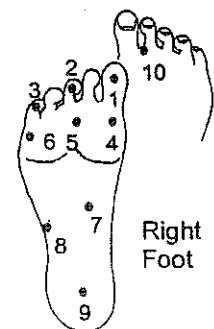
CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT. TREATING ORGANIZATION (Sign each entry)	
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <i>Hepe Bonaventura DM</i> <i>68824</i>	
<i>5/21/09</i> <i>14/10/09</i>	SUBJECTIVE: (Chief Complaint) <i>side aches last 2 days yellow plaques</i> <i>Disrupted glucose - mother & father</i> <i>400</i> Med. Compliance: <i>DM -</i> <i>460</i> <i>290</i>	
	OBJECTIVE: (Review System) Age: <i>42</i> Sex: Male Race: <i>Black</i> B/P: <i>120/60</i> P: <i>70</i> Wt: <i>284</i> T: R/R: SO2%: Peak Flow:	
Diabetic foot Screen Test Steps	HEENT: <i>OK</i> Last Op / Opth. Eval.: Heart: <i>OK</i> <i>chronic low back pain</i> Lungs: <i>clear w/wh</i> <i>- disability on Sac 5 re</i> Abdomen: <i>Tender on palp</i> <i>Since 1989</i> Genital / Rectal: <i>GBRC</i> <i>ret/40</i> Extremities: <i>5/12/09</i> <i>115 10/11/03</i> Neuro: <i>MT 129 -> 115</i> <i>CDL</i> Recent Lab Results: <i>glucose 177, 139</i> <i>glycoHb 4.9</i>	
Diabetic foot Screen Test Steps	ASSESSMENT(S):	
	DSM IV Classification	
	Axis I: Axis II: <i>acne back</i> Axis III: <i>Hepe, Bonaventura DM</i> <i>Bonaventura</i> Preventive Care: Diet: <i>diets</i> Exercise: <i>walks</i> Tobacco Use: <i>yes</i> Medication Side Effects:	

Diabetic foot Screen Test Steps



Diabetic foot Screen Test Steps



HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART. / SERVICE

RECORDS MAINTAINED AT

FCI McKean

SPONSOR'S NAME

SSN / ID NO.

RELATIONSHIP TO SPONSOR

000086

 PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle;
 ID No. or SSN; Sex; Date of Birth; Rank / Grade

REGISTER NO.

10924-052

WARD NO.

Donald Markier

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

NDARD FORM 600 (REV. 6-97)

Prescribed by GSA / ICMR

Pain Level:

PLAN:

Patient Education:

- (☒) Discussed Test Results (☒) Discussed Tx Plan
 (☒) Etiology, Complications, Prognosis, Prevention
 (☒) Diet, Diabetic / Cardiac / Disease, Lifestyle Changes (☒) No Smoking
 (☒) Medication Dosage / Administration / Compliance / Side Effects
 (☒) Patient Understood Topics (☒) Instructed If Problems
 or if running out of medication, should sign up for sick-call or send cop out.

Diagnostic Studies: () CBC / Dif () U / A () LFT () Chem. Profile () Lipids () HgA1c
 () PSA () Viral Load () CD4 () Toxo Igg. () Hepatitis Panel
 () CXR () EKG () Others: "Hep B testing"

Consultations: () Optometrist () Ophthalmologist () Orthopedic Surgeon
 () Others: "psych eval - in progress to Dr."

Referral for Vaccination: () Influenza () Pneumococcal () Other:

Return to Clinic for routine Follow-Up on: 3mo

Treatments(s):

Tetracycline 500mg \times 10 Bid #60 RF2
 Kan tidine 150mg \times 10 Bid #60 RF2
 Tylenol 500mg \times 10 Bid #30 RF2

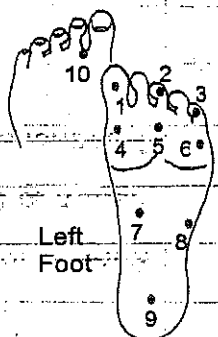
Bactrim DS \times 10 Bid #20 RF2
 Albuterol \times 10 puffs Bid #1 RF2

Reviewed By:
 V. Geza, PharmD

H. BEAM, MD
 FCI MCKEAN

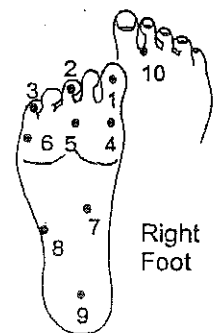
MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT. TREATING ORGANIZATION (Sign each entry)		
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other:		
4/21/09	SUBJECTIVE: (Chief Complaint)		
0930	No show for callout with recheck		
	Med. Compliance:		
	OBJECTIVE: (Review System) Age: Sex: Male Race: B / P: P: Wt: T: R / R: SO2%: Peak Flow: HEENT: Last Op / Opth. Eval.: Heart: 148 FBS 139 8/14/02 Lungs: under FBS glyco 130 Abdomen: Genital / Rectal: Extremities: Neuro: Recent Lab Results: ASSESSMENT(S): A1C 7.75 10/03 A1C 11.5 2/04 DSM IV Classification Axis I: Axis II: Axis III: Dep C Preventive Care: Diet: Exercise: Tobacco Use: Medication Side Effects:		

Diabetic foot
Screen Test Steps



Left
Foot

Diabetic foot
Screen Test Steps



Right
Foot

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART. / SERVICE

RECORDS MAINTAINED AT
FCI McKean

SPONSOR'S NAME

SSN / ID NO.

RELATIONSHIP TO SPONSOR

000088

PATIENTS IDENTIFICATION: (For typed or written entries give: Name -- last, first, middle;
ID No. or SSN; Sex; Date of Birth; Rank / Grade)

REGISTER NO.

WARD NO.

10929-052

Donald Moshier

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Printed by GSA / ICMR

PLAN:

Patient Education:

- () Discussed Test Results () Discussed Tx Plan
 () Etiology, Complications, Prognosis, Prevention
 () Diet, Diabetic / Cardiac / Disease, Lifestyle Changes () No Smoking
 () Medication Dosage / Administration / Compliance / Side Effects
 () Patient Understood Topics () Instructed If Problems
 or if running out of medication, should sign up for sick-call or send cop out.

Diagnostic Studies: () CBC / Dif () U / A () LFT () Chem. Profile () Lipids () HgA1c
 () PSA () Viral Load () CD4 () Toxo IgG () Hepatitis Panel
 () CXR () EKG () Others: *RBS*

Consultations: () Optometrist () Ophthalmologist () Orthopedic Surgeon
 () Others:

Referral for Vaccination: () Influenza () Pneumococcal () Other:

Return to Clinic for routine Follow-Up on: *As needed ~ 1 mo*

Treatments(s):

H. BEAM, MD
FCI MCKEAN

STANDARD FORM 600 (REV. 6-7)

000089

USN 7540-00-834-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
3/26/04 1010hr	<p>① 42 y/o 90 Lb Lump (Soft) Rt. Thigh - Episodic enlargement & Pain - Onset? ~ 2 mos. Hx lumps other places - Chir / ap. lumen. Side note - Breakthrough chapping Hx (60%)</p> <p>② LE's (leg/foot swelling)</p> <p>③ CAX3, NAD, ambulatory, @ affect.</p> <p>- Chir - Epidermoid / Sebaceous Cyst</p> <p>- abd - LUQ - Lipoma</p> <p>- BLE → Ant. Surface Thigh - ill defined ~ 4 cm oval, & tender, palpable soft doughy mass; & mobile; & erythema & hyper. to zero elevation; & pigmentation</p> <p>→ leg/feet (Bilat) - Hyperpigmented, & 1+ pitting edema & medial ankle & anterior (dorsal) surface tibia breakdown - & ulceration & scabbing 2° abrasion</p> <p>④ Lipoma; Venous Insufficiency</p> <p>⑤ Educate / counsel - Measure re. Mass. - Venous insuff. & pitting ulceration</p> <p>Tech Stockings (large/long knee high)</p> <p>Flu Dr. Bear re. COPD med. adjust., Rte Plan</p> <p>Understands</p>
	Robert E. Piotrowski, PA-C
HOSPITAL OR MEDICAL FACILITY	STATUS
SPONSOR'S NAME	SSN/ID NO.
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	RELATIONSHIP TO SPONSOR
REGISTER NO.	WARD NO.

Mashier, DONALD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

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000090

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

Case 1:05-cv-00180-SJM-SFB Document 53-8 Filed 10/12/07 Page 32 of 73

ECI ACKED
ROBERT E. BLOOMER IV-C

000091

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
1/23/04 1240	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infectious () Endocrine () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <u>HepC GERD low back pain</u>		
	SUBJECTIVE: (Chief Complaint) <u>"Rt hip hurting me"</u> <u>"Can barely x 2 w/ty"</u>		
	OBJECTIVE: (Review System) Age: <u>42</u> Sex: <u>Male</u> Race: <u></u> B/P: <u>130/80</u> P: <u>70</u> Wt: <u>285</u> T: <u></u> R/R: <u></u> SO2%: <u></u> Peak Flow: <u></u> HEENT: <u>OK</u> (in) <u>Common</u> Last Op/Opht. Eval: <u></u> Heart: <u>84</u> <u>(2) Sidelst</u> Lungs: <u>clear</u> <u>from 14pm full</u> Abdomen: <u>no RSE</u> <u>SPCEO</u> Genital/Rectal: <u>none - back</u> Extremities: <u></u> Neuro: <u></u> Recent Lab Results: <u></u> ASSESSMENT(S): <u>DSM IV Classification</u> Axis I: <u></u> Axis II: <u></u> Axis III: <u>HepC</u> <u>Acute - back</u> <u>GERD</u> Preventative Care: Diet <u>watching</u> Exercise <u>walking</u> Tobacco use: <u>yes</u> Medication Side Effects: <u>no</u>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Donald Moshier

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-9.202-1

000092

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
	Pain Level: 1 2 3 4 5 6 7 8 9 10	
	PLAN: <i>HemA shot</i>	
	Patient Education:	
	() Etiology, Complications, Prognosis, Prevention () Diet, Diabetic/Cardiac/	
	Disease, Lifestyle Changes () No Smoking () Medication Dosage/Administration/	
	Compliance/Side Effects () Patient Understood Topics () Instructed if problems	
	or if running out of medication, should sign up for sick-call or send cop out.	
	Diagnostic Studies: () CBC/Diff () U/A (<input checked="" type="checkbox"/>) LFT () Chem Profile () Lipids () HgAlc	
	() PSA () Viral Load () CD4 () Toxo Igg. () Hepatitis Panel	
	() CXR () EKG () Others:	
	Consultations: () Optometrist () Ophthalmologist () Orthopedic Surgeon	
	() Others:	
	Referral for Vaccination: () Influenza () Pneumococcal () Other:	
	Return to Clinic for routine Follow-Up on: <i>3mo</i>	
	Treatment(s):	
	<i>Tetracycline 500mg > BID # 60 PRZ</i>	
	<i>Ramitidine 150mg > BID # 60 PRZ</i>	
	<i>Dobex 2g HS tid # 1 PRZ</i>	
	<i>Tylenol 500 ti BID # 30 PRZ</i>	
	<i>(indigent)</i>	
	<i>1/23/04</i>	
	<i>Will allow OTC meds at this time</i>	
	<i>Inmate has no funds currently</i>	
	<i>but does not qualify as indigent</i>	
	<i>Inmate has purchased through commissary</i>	
	<i>this month</i>	

Reviewed By:
V. Geza, PharmD

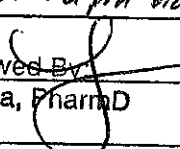
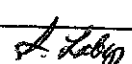
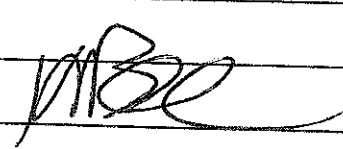
H. BEAM, MD
FCI MCKEAN

NSN 7540-00-634-4176

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)	
12-10-03 1300	<p>③ He states he feels better No forehead pressure & pressure behind eyeball.</p>		
	<p>④ T=97.8°F S_uO₂=97% HR=82 HEENT: ④ severe tenderness Turbinate +4/4 ④ thick white mucus +3.5/4 ④ ④ adenopathy Lungs: rhonchi throughout</p>		
	<p>④ Sinusitis & Viral Syndrome</p>		
	<p>④ 1. Septin-DS TPO BID x 14d #28 NR. 2. Acetyf. TPO QID prn for nose + sinus congestion #20 NR. 3. Continue AAP previously Rx'd. 4. ↑ water intake, ↓ dietary protein. ↑ rest. 5. FU prn via S/C.</p>		
	<p>Reviewed By:  V. Geza, PharmD</p>	<p> Steven Labrozzi, PA-C Physician Assistant</p>	
12/22/03 1545	<p>Adm - will order Hepatitis A vaccine series not sent to y/m</p>		
		<p> H. BEAM, MD FCI MCKEAN</p>	
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 10924-052
			WARD NO.

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000094

1/6/04
1100

Adm maintain - c/o LBP -
with continuing concurrence
see form

10/13/04

H. BEAM, MD
FCI MCKEAN

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

NSN 7540-00-634-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
11/30/03 2030	<p>EMERGENCY: IM c/o chest pain, brought to H&A by COs in Gator</p> <p>C/P chest pain x 20 minutes like elephant stepping on chest ↑ radiation across chest, (R + L Pectoral areas) down (Right error c) 11-30) Left Arm to elbow ↑ paresthesia thruout entire L arm.</p> <p>+9/10</p> <p>c/o constant cough c fever/chills since last night</p> <p>① IM clutching chest BP = 140/60 T = 100.6 °F HR = 92 Sats = 96%</p> <p>④ tenderness to palpation of chest wall at (L) > (R) pectori</p> <p>HEENT: ① adenopathy ② EAM ++ erythema Oropharynx ③ exudates</p> <p>LUNGS: CTA ① egophony ECG: Normal</p> <p>④ R/o Pneumonia R/o Bronchitis URI/Viral Syndrome/Gastritis</p> <p>② * 1. Erythromycin 500mg i po QID x 10d #40 NR (4 night cap)</p> <p>* 2. APAP-500 2 po QID prn fever, pain, HA #40 Rx3 (6 night cap)</p> <p>* 3A. Guaifenesin-Dm Tpo BID c P water #14 NR</p> <p>* 3B. Pepto Bismol * Intake</p> <p>4. Recheck on Wednesday 3 Rec.</p> <p>5. Pt understands Tx plan.</p> <p>6. ASA given stat 325mg</p> <p>Marelox 45ml given stat</p> <p>7. IDLE x 3 days.</p> <p>* 8. BENADRYL 25mg i po QID x 24h. #4 NR (4 nite cap)</p> <p>2 TBS po QID prn N/V. Do not take at same as other meds. #1 Rx2</p> <p>Reviewed By: I. Geza, PharmD</p> <p>Glenn Labrozzi, PA-C Physician Assistant</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Moshier, Donald

10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

000096

12-3-03 (3) Re ✓ RE chest pain, fevers, etc SEE 11/30/03

1070

Not feeling Better.
 Bones + Muscles aches.
 Diarrhea

Coughing has improved
 Chest still sore
 "aching" not
 excruciating as on 11/30

Chest feels full
 Headaches: Pressure

(4) Pt appears ill/weariness $T = 98.4^{\circ}F$ $SpO_2 = 95\%$ $HR = 82$ $BP = \frac{126}{79}$

HEENT: some tenderness to palp of frontal sinuses
 TURBINATES + 3.5/4 wat & thick white mucus
 TMS: pale gray
 Oropharynx: no exudate
 Otolaryngology

LUNGS: Rhonchi expiratory & inspiratory throughout

PEEK FLOWS: 560, 340, 380

(A) R/o pneumonia 4/0 bronchitis 4/0 influenza

(P) 1. Abstrated 0.5ml in 5ml NS Inhalation Tx.
 VS p Tx: $T = 98.1$ $BP = 116/76$ $SpO_2 = 97\%$ $HR = 81$ PEEK FLOWS = $\frac{430}{460}$
 450

2. CXR (done)

3. Consult Dr. Beam:

- No evident pneumonia (CXR)
- Continue current TXs on 11/30

4. ACTIFED T po QID ^{prn} for sinus pressure. #20 NR

5. Rel in 7 days.

Reviewed By:
 V. Geza, PharmD

[Signature]

Steven Labrozzi, PA-C
 Physician Assistant

NSN 7540-00-434-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)	
10/21/03 1230	Inmate received 22 pages of medical records	J. Petrucci, HIT	
		T. Petrucci, HIT	
10/31/03 0640	see injury report of this date	Eric Asp PA-C	
11/21/03 0930	<p>Ⓢ c/o nasal congestion, H/A, sore throat & cough, and upset stomach x 1 wk. Pain 4 on 1-10 scale</p> <p>Ⓢ NAD 98⁸-70-16 130⁷⁸ SMOKE</p> <p>exam - inmate has very strong signable odor</p> <p>throat - erythema & mild white patches</p> <p>ears - TM not visible due to cerumen impaction in ear, lt. ear wnl, 0 facial tenderness</p> <p>lungs - mild wheezes</p> <p>Ⓢ 1) URTI vs pharyngitis 2) dyspepsia</p> <p>(cont) J. Glenn FMP-C</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10924-052	WARD NO.

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

 STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

000098

11/21/03

(P)

- 1) Amoxicillin 500 mg po TID x 10 days
- 2) Acetaminophen 7 po TID x 5 days
- 3) Repto. bisma 30 cc po TID po N/A
- 4) K fluids

5) NO Smoking

6) Educated as R, plan of care, L/W verbalized understanding

Reviewed By
V. Geza, Pharm.D

J GLENN FMP-C

Medical Records
Office of
Public Health

DATE	SYMPTOMS, E	DIAGNOSIS, TREATMENT	TREATING ORGAN	LOCATION (Sign each entry)
	CLINIC(S): () Cardia () Hypertension () Diabetes () Infectious () Endocrine			
	() Lipid () Pulmonary () Mental () Neurology () Ortho () General			
	() Other:			

01/16/03
1300
SUBJECTIVE: (Chief Complaint) *get pain under R rib*
back pain: bad back, disability on street
always feels sick, muscle, joint ache

OBJECTIVE: (Review System) Age: *42* Sex: *Male* Race: _____
B/P: *110/* P: *70* Wt: *283* T: _____ R/R: _____ SO2%: _____ Peak Flow: _____

HEENT: *OK* Last Op/Opht. Eval: _____

Heart: *Dys* Hep C & since probably

Lungs: *Clear* 20 yrs

Abdomen: *Alt each RUA* acn on back

Genital/Rectal: He handed me 5 coprotests

Extremities: "Says he does do it himself

Neuro: anyone in the BOP"

Recent Lab Results: *ALT 115* In contact with attorney

ASSESSMENT(S): *Hep C* SRU @ / @

Chronic LBP Disarmed Trusting relatives

no ETOH in urine AA in past

Preventative Care: Diet *watching* Exercise *walking* 4 hrs/week

Tobacco *trying to quit* Medication Side Effects: *no*

NAME	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			FCI McKean
SSN/ID NO.	RELATIONSHIP TO SPONSOR		

IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) REGISTER NO. *10924-052* WARD NO. _____

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 8004REV. 8-87
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-9.202-1

Moshier Donald

000100

DATE	SYMPTOMS	DIAGNOSIS	TREATMENT	TREATING ORGANIZATION (Sign each entry)							
	Pain Level:	1	2	3	4	5	6	7	8	9	10
	PLAN:										
	Patient Education:										
	(✓) Etiology, Complications, Prognosis, Prevention (✓) Diet, Diabetic/Cardiac/										
	Disease, Lifestyle Changes (✓) No Smoking (✓) Medication Dosage/Administration/										
	Compliance/Side Effects (✓) Patient Understood Topics (✓) Instructed if problems										
	or if running out of medication, should sign up for sick-call or send cop out.										
	Diagnostic Studies: (✓) CBC/Diff (✓) U/A (✓) LFT (✓) Chem Profile (✓) Lipids (✓) HgA										
	Hep C Battery (✓) PSA (✓) Viral Load (✓) CD4 (✓) Toxo Igg. (✓) Hepatitis Panel										
	Hep A's & B Serology (✓) EKG (✓) Others:										
	Consultations: (✓) Optometrist (✓) Ophthalmologist (✓) Orthopedic Surgeon										
	(✓) Others: psych										
	Referral for Vaccination: (✓) Influenza (✓) Pneumococcal (✓) Other:										
	Return to Clinic for routine Follow-Up on: 3mo										
	Treatment(s):										
	Tylenol 500mg #30 Rfz										
	Reviewed By: V. Geza, PharmD										
	H. BEAM, MD FCI MCKEAN										

000101

NSN 7540-00-434-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
10/9/03 2200	admiss note. Talked to inmate about request for Hep A vaccination. Had discussion about HCV (+) Will consult Dr. Beam. Rx TCN 500mg $\dot{\bar{I}}$ PO BID dispense #30 R-3 Dr cystic acne Zantac 150 mg $\dot{\bar{I}}$ PO QHS dispense #30 R-3 Dr reflux Eric Asp PA-C		
10/10/03 0655hr	(to AM Pill Line window) Reports per 10/09/03 heart last note for meds that said (+) prior med 2° → 09/30/03 Visit - 2° URI - did not get full 10/4/03 → 10/02/03 Meds confiscated & Placement into SHU → Venipunct & Seq. - Confirmed 10/2/03 → When 10/8/03 of Sp's persistent - V. rough slightly better C/O's, amb., mod distress & Congestion → Prescriber: amoxicillin 500mg $\dot{\bar{I}}$ PO TID x 10d #30 p/Ref (Active) $\dot{\bar{I}}$ PO QID x 5 days & Ref Motrin 400mg $\dot{\bar{I}}$ PO TID PRNc For #20 p/Ref V. Geza, PharmD Reviewed By: V. Geza, PharmD Robert S. Pichonich, PA-C FCI McKean		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
Moshier, Donald		10924-052	

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000102

LCI WICKSON
BUREAU OF LABORERS' UN-C

b7c
b7d yeb

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
9/26/03 1200h	Admission Hypertension on tenting P/achronic cardiac MBE
9/18/03 1400	5' "I'm sick." @ cough @ vomiting @ diarrhea @ HA @ stiffness. Jk's since last night. Seeks ty. O/N RD. Temp: 99.4 Eyes - ears: clear, TM's intact. Nasal: turbinates boggy, o/p: MM's pink & dry. Find other to breathe. Neck: supple & aching. Chest: CtA bil. Abd: obese, NT, @ BS'S x4 quadrants @ hyperactive Bonds x4 @ guarding, @ HSM. AI-Viral Syndrome @ cold like S/S. p: Repto bisimil #1, 30ccs up to 4x/day. OK. - Thiazides, 600mg. 1 tab po b's. # 10 & K - Tylenol ES, 500mg. 2 tabs po qib prn. # 200K. Jdlex 24. pt ed re: viral syndrome, bland diet, rest, ↑ fluids, etc prn. pt understands. B. Saylor MPE Reviewed By: V. Geza, PharmD BONNIE SAYLOR, NP FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10729-052	WARD NO.

Donald Mosher

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000104

9/30/03 (S) c/o stuffy nose, rt. ear pain,
1000 back pain x 1 wk. pain on 1-10 scale
HepC+ Smoker

© NAD 98°

ears - rt. ear TM bulging canal
red

nose - stuffy, pale membranes

throat - erythema no exudate

lungs - wheezes all fields

(A) 1) URI 2) A/O asthma 3) Chronic COPD

(P) 1) Actifed $\frac{1}{2}$ po TID x 5 d NR 4) Otitis media

2) Motrin 400 mg $\frac{1}{2}$ or $\frac{1}{4}$ po TID prn
to food #20 Rxs

3) Albuterol inhaler $\frac{1}{2}$ puffs QID
prn #1 NR

3) Amoxicillin 500 mg $\frac{1}{2}$ TID x 10 d NR

4) A fluids

5) Educated on Rx, plan of care,
F/U in 5 days if no improvement
sooner if \uparrow symptoms

6) Adlex 3 days

J GLENN FMP-C

Reviewed By:
V. Geza, PharmD

9/30/03

D. Olson, MD
Clinical Director

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)			
6/23/03 1200	<p>③ Requests TCN for acne</p> <p>① NAD. SKIN: ④ scarring lesions posterior torso } see 3/11/03</p> <p>① severe scarring acne</p> <p>① 1. Tetracycline 500 T po BID on empty stomach, & full glass of water. #30 R x 3</p> <p>2. FU pm via SLK.</p> <p>6/23/03 Reviewed By: <i>Pham</i> V. Geza, PharmD</p> <p><i>S. Labrozzi</i> Steven Labrozzi, PA-C Physician Assistant</p>			
7/11/03 1330	<p>No show for scheduled SLK appointment.</p> <p><i>B. Saylor NP-C</i> BONNIE SAYLOR, NP FCI MCKEAN</p>			
7/22/03 1035	<p>S: C/o heartburn - gets every night after he eats, & in his throat. His unit goes last, C/o head cold & cough, mucus, & 2 weeks.</p> <p>O: NAD Temp. 97.6</p> <p>HENT: ④ erythema, ④ mucous</p> <p>Lung: CTA bilateral & wheezes, rales</p> <p>Abd: soft, nontender ④ BS</p> <p>A: DUE</p> <p>② heartburn</p> <p>P: Continue on other side.</p> <p><i>E. Saylor NP-C</i></p>			
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 10924-052	WARD NO.

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000106

7/22/03

continue from other side

1035

- 1: ① Education - stop smoking - Pt understands.
- ② Zantac 150 BID dispense # 20 R-2
- ③ Famvir 500mg 150 BID dispense # 14 R-2
- ④ Zantac 150 BID dispense # 15 R-2
- ⑤ Plavix PRN

7/22/03
 Reviewed By: V. Geza, PharmD

Eric Asp PA-C

Eric Asp
 PA-C

8/24/03

1100

No show for scheduled appt.
 will reschedule J. Glenn FNP

J. GLENN, FNP
 FCI MCKEAN

9/2/03

1010

- 5: C/O ① knee pain - no trauma, but just hurts at top of patella
- ② severe H/A / sinus x 2 weeks.
- Wants Hep C test, IV drug use, most common, unprotected sex
- 0: NAD

HT: Full ROM active and passive - tender to palpation of ① medial-proximal area.

HEENT: nasal congestion, post nasal drip

- A: ① knee pain ② NAD

- 1: ① ibuprofen 800mg 150 BID dispense # 28 R-2

9/2/03

- ② CTN 4mg 150 BID dispense # 12 R-2

- ③ acetaminophen 150 BID dispense # 15 R-2

- ④ Education - exercise, 1 stretch - Pt understands.

- ⑤ Plavix PRN ⑥ TCN 500mg 150 BID dispense # 30 R-3

- ⑦ HCV Test

9/2/03
 Reviewed By: V. Geza, PharmD

Eric Asp
 PA-C

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6/23/03 0915	FOOD HANDLERS PHYSICAL
	S: Changes in physical health: <i>none</i>
	O: Cough? <i>none</i> Fever? <i>none</i> Night Sweats: <i>none</i>
	Skin rash/lesion? <i>legs</i> Hands? <i>clean</i>
	Temp: 97.4 B/P: 138/78 Pulse: 76 Resp: 16 Weight: 294
	Throat: wnl? <i>yes</i> other:
	Respiratory: wnl? <i>yes</i> other:
	Cardiac: wnl? <i>yes</i> other:
	PPD date: 7/12/02 positive/negative
	CXR date: positive/negative
	Other: (tattoos, evidence of IVDA)
	A: EHM? <i>yes</i> other:
	P: 1) OK for Food Service? (yes) no
	2) If not OK, schedule for MD evaluation (reason):
	3) Pt. Education: <i>Hygiene / infectious disease</i>
	<i>[Signature]</i> JGLENNFMP-C

PATIENT'S IDENTIFICATION (Use this space for Mechanical imprint)

Moshier, Donald

10924-052

RECORDS MAINTAINED AT:	FCI McKean		
PATIENT'S NAME (Last, First, Middle initial)			SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.605

000108

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

6/23/03 (C) C/O problem veins in legs,
09/10 swelling of legs & allergies
Pain 2 on 1-10 scale

(P) NAD 974-76-16 134/78

legs - (+) edema both lower
legs (+) pulses & capillary
refill varicosities noted
eyes - watery

nose - clear drainage

throat - WNL & exudate

lungs - CTA

(A) Allergic allergies

2) varicosities

(P) 1) Actifed 1 po TID x 5 d NR

2) TED hose

3) A fluids

4) Elevate legs

5) Educated on Rx + plan of care

6) F/U per sick call

6/23/03

Reviewed By: [Signature]
V. Geza, PharmD

J GLENN FWP-C

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

FCI McKean

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

10924-052

Mosier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000109

ALL CASES' HISTORY
REVIEWED BY:

[A large, handwritten, curved line is drawn across the page, starting from the left margin and curving upwards towards the right margin.]

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
4/10/03 1400	Intel Screen - no signed status T. Montgomery, MLP AHSA
5/12/03 0750	52 C/O sinus cold H/A, stuffy nose, cough (mild) states using cough syrup on commission. On TCN ^{over the counter} for some 500mg BID allergies NKDA. Is a smoker. Symptoms x 1 week. O2 NAD Temp. 97.1 HEENT: ⊕ nasal congestion, ⊕ post nasal drip. Lung: CTA bilateral 5 wheezes, rales Heart: RRR 5 murmur. A: URI P: ① acetaminophen (tripolidine HCl / pseudoephedrine HCl) 1/2 PO BID #10 R-O ② ibuprofen 600mg 1/2 PO BID #10 R-O ③ Education - hand washing, Rx and side effects. Pt understands ④ Saline spray 1/2 spray each nostril QID PRN dyspnea 1/2 bottle ⑤ Flu PRN Eric Asf PA-C 5/12/03 Violetta Geza, PharmD. RPh Chief Pharmacist

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FGL McKean
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10924.052	WARD NO.

Moshur, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000111

5-27-03

SI C/O head cold and ear ache x 1 week. Seeks relief

091V

O: NAD. Temp 100.3. Eyes: Pearly, Ears: pin canals erythema and edema, TM's intact. Nails: Embryonic boggy @ rhinorrhea, o/p: mucus pink + moist, neck: supple, J adenopathy. Chest: CTA bil.

A: bil OM, viral syndrome cold-like s/s

P: COM's, 4mg. T tub pr q 8" H2O x

Inf: 325mg. T tub q 4-6" prn H2O x

Amoxicillin, 500 mg. T tub pr tid x 10 days #30 x R. PE education?

Re: OM. Rtc prn x 10 days for Flu. Pt. understands B. Saylor

5/27/03
Reviewed By: V. Geza, PharmD

BONNIE SAYLOR, NP
FCI MCKEAN

6-13-03

EMERGENCY SICK CALL

0700

③ Bad cold body aches (fever/chill) vomiting x 2-7 days
cough: gobs of blood head stuffed. NA

② T=98.40 F

HEENT: Turbinates + 4/4 Left + 3/4 R

④ tenderness to palp of P/m sinuses

④ adenopathy

Oropharynx ④ exudates

LUNGS: ④ rhonchi thru-out

④ wheezes

6/13/03
Reviewed By: V. Geza, PharmD

④ Bronchitis, URT, Sinusitis

④ 1. Albuterol inhaler 1-2 puffs QID prn SOB #1 NE.

2. Amoxicillin 500 mg T po TID x 14d #21 Rx1

3. Pepto-Bismol 1-2 TABS QID prn #1 Rx2

4. Motrin-400mg T po q 4hrs prn HA, pain, body aches #30 Rx1

5. Actifed T po QID prn nasal + head congestion, cold s/s. #20 NR.

6. ↑ water + protein intake ↑ rest. DAT

7. WLE x 3 days

8. IM uric acid Tx plan Rtc pr

Steven Labrozzi, PA-C
Physician Assistant

MEDICAL SUMMARY OF FEDERAL PRISONER/ ALIEN IN TRANSIT

U.S. Department of Justice

[illegible]

III. SPECIAL NEEDS AFFECTING TRANSPORTATION

Is prisoner medically able to travel by BUS, VAN or CAR? ☒ Yes ☐ No If no, Why not?

Is prisoner medically able to travel by airplane? ☒ Yes ☐ No If no, Why not?

Is prisoner medically able to stay overnight at another facility en route to destination? ☒ Yes ☐ No If no, Why not?

Is there any medical reason for restricting the length of time prisoner can be in travel status? ☐ Yes ☒ No If yes, state reason:

Does prisoner require any medical equipment while in transport status? ☐ Yes ☒ No If yes, What equipment?

Sign & Print Name- Certifying Health Authority:

Phone Number:

Date Signed:

Yellow (original) - Upon Transfer

BP-S659.60 MEDICAL SUMMARY () FEDERAL PRISONER/ALIEN IN TRANSIT CDFRM

MAY 99

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TB Clearance Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1. PPD Completed: <u>7/2/02</u> Date
Results: <u>0.0</u> mm
2. CXR Completed: _____ Date
Results: _____
3. Health Authority Clearance: <u>405</u> <u>3/25/03</u>
Sign <u>[Signature]</u> Date
Note: Dates listed above must be within one year of this transfer.

Name <u>Moshier, Donald</u>	Prisoner/Alien Reg.# <u>10924-052</u>	D.O.B. <u>8/8/61</u>
Departed From <u>McKean</u>	Date Departed <u>3/25/03</u>	
Destination <u>Writ</u>	Reason for Transfer <u>178m medical</u>	
Dist. Name	Dist.#	Date in Custody <u>1/1/</u>

Current 1. Hx LBP 4. _____
 Medical 2. _____ 5. _____
 Problems 3. _____ 6. _____

Medication	Dose	Route	Instructions For Use (Include proper time for administering)	Stop
Medication Required For Care En Route				

Additional Comments - Blood and Body Fluid Precautions

Special Needs Affecting Transportation

Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, state reason
Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what equipment?
Sign and Print Name of Certifying Health Authority <u>[Signature]</u>	Phone Number <u>814/362-8500</u>	Date Signed <u>3/25/03</u>

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
3/11/03 2030	<p>③ MULTIPLE COMPLAINTS 41 y/o WM</p> <p>A) Severe cold x 2 weeks ... cough, chest congestion, HAs nasal congestion</p> <p>B) Chest pain x 2 weeks ... associated with cold? Sharp + 7/10 mid sternal to left pectoral pain radiates down left arm. Fingers go numb. Occurs several times daily. PAIN ↑ with coughing + breathing. IM does not know if anything ↓ pain.</p> <p>C) RASH in scalp line / scalp ± itching</p> <p>D) Severe acne: posterior torso, arms. ④ pus</p> <p>④ NAD. T=98.7°F HR=88 SpO₂=95% BP=146/88 RA sitting</p> <p>HEENT: periorbital areas appear edematous ④ tenderness to palp of maxillary sinuses Turbinate + 3/4 bilat. TMs clearly gray Oropharynx: erythematous ④ adenopathy</p> <p>LUNGS: ④ hyperresonant ronchi + wheezes heard throughout lung fields; these adventitious lung sounds disappear after IM coughs. ④ egophony.</p> <p>SKIN: { ④ scaling, erythematous lesions in scalp acne-form lesions throughout posterior torso. ④ suppuration ④ scarring. ④ lesions also in axillae (axillae)</p> <p>EKG: NSR. NO S-T segment elevation/depressions. No arrhythmia. Normal ECG</p> <p>④ 1. Sinusitis + URI 4. CP 20 URT / cough 2. Severe acne 3. Schorrhea</p> <p>④ 1. Septra-DS 1 po BID (BID) x 10 days for sinusitis #20 NR 2. Tetracycline 500mg 1 po BID on empty stomach, beginning on 21 Mar 03 after completion of Septra-DS. #30 R x 3 3. Actikid 1 po QID (QID) for congestion + cold symptoms #20 NR 4. Ibuprofen 400mg 1 po q 4 hrs prn HAs, pain. #30 R x 1 5. Guaifenesin-Dm 2 po BID for cough + chest congestion. ↑ H₂O intake. #20 NR 6. JELSON 2.5% LOTION Massage 1-2 tsp into wet scalp. Rinse thoroughly after 3 minutes. Repeat 3x weekly. #1 R x 1 7. IM to 1 daily water intake</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
6. IM ED RE --- Inc		of med. IM understood to plan.	
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
7. Rtc pin.			
PATIENT'S IDENTIFICATION: (For typed or written entries, give Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
Steven Labrozzi, PA-C		10924-052	
Physician Assistant			

Moshier, Donald

Reviewed by D. Olson, MD

Date: 3/13/03

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

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000115

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
2/18/03 1025	<p>⑤ c/o sinus pressure, H/A, Rt. ear crackles. Pain 4 on 1-10 scale</p> <p>⑥ NAD 988</p> <p>exam - Rt. ear erythema of canal, retracted TM, Lt. ear dull face - mild tenderness over frontal sinus area</p> <p>Throat - erythema exudate</p> <p>Lungs - CTA</p> <p>⑦ 1) Sinusitis 2) Rt. otitis media</p> <p>⑧ 1) Amoxicillin 500 mg TID x 10 days</p> <p>2) Acetaminophen $\frac{1}{2}$ po TID x 5 d NR</p> <p>3) Tylenol 500 mg $\frac{1}{2}$ po q8 prn # 30 NR</p> <p>4) All fluids</p> <p>5) Educated on Rx + plan of care</p> <p>6) 4/0 prn sick call</p> <p><i>[Signature]</i></p>
	<p>Reviewed by D. Olson, MD</p> <p>Date: 2/19/03</p> <p><i>[Signature]</i></p> <p>L. GLENN, FRP FCI McKEAN</p>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McKeen
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10924-052	WARD NO.

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000117

2/20/03

1115

5 I'm 6'4" and 160 lbs - growing - want
 to be - asking for HIV test - @ blood
 fraction - noticed bump 2 mos ago - blood on
 toilet paper off soon - Hx TUBA x 15 yrs
 chagrel with cocaine - have shared needles -
 multiple sex partners unprotected
 no mass appreciated @ 40 at rib - just a bump
 turned - no pt hemorrhoid seen - seen internal
 prolapsed at 6:00 @ blood
 A Hemorrhoid

⊕ TUBA Hx R6 HIV

p will order HIV testing now
 pt ed as to Dx - understood & psw

Reviewed by D. Olson, MD
 Date: 2/21/03

T. Montgomery, MLP

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
12/9/02 0900	S: Cont to clo old symptoms → cough, congested head, runny nose. Also states bumps under (R) arm are coming back. O: Bumps OTA. Ears-Thr's WNL. Throat-Bump. Neck - 0 palpable nodes. Nasal turbinates erythema. + inflammation to ten mucous lined & sinus tenderness. Erythema maculopapular lesions xii to central chest focus noted (R) axillary area. & dig a: URI cyst/abscess (R) axilla P: Tetracycline 250mg = 40 $\dot{\bar{t}}$ QID x OR Acetofed = 10 $\dot{\bar{t}}$ bid x OR Phebie. Take medic as directed. Warm compresses to (R) axilla. RIC prn. Understands. Gracia Fairbanks PA

12/17/02
Violetta Geza, PharmD, RPh
Chief Pharmacist

GRACIA FAIRBANKS
Physician Assistant

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FBI McKeen
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

Moshier, Donald
10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000119

2/3/03
0800

① c/o sinus pressure & pain > 2 wks
also back is breaking out, and
H/A's all the time. Pain 5 on
1-10 scale

② 976 136/82
eyes - PERL

face - p. sinus tenderness

throat - erythema & exudate

ears - TM's pearly gray @ light
nose - V air exchange, pale
membranes

③ 1) nasal congestion / sinus infection
2) H/A's

④ 1) Acetaminophen 10x5d NR
2) Saline nasal spray 1/2 squirts
QID prn each nostril #1 NR
3) Tylenol 500mg 1/2 po q8prn
#30 NR

4) A. fluids

5) Educated on Rx & plan of care

6) 7/10 2/6/03

[Signature]

Reviewed by Dr. Olson, MD

Date: 2/3/03

J GLENN FMP-C

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
11/19/02 1025	S. clo heartburn x last 2-3 weeks → worse @ night. Also clo ii big pimples under (R) axilla. O. abd soft c se. epigastric tenderness. & masses. & organomegaly BS present. Back - (+) evidence of scarring from severe cystic acne on entire back! (R) axilla - ii pea sized lesions c central focus. & drug @ present A. Dyspepsia. Just / abscess (R) axilla P. Reflux 500mg #40 T QID x OR Zantac 150mg #20 T bid x 2R Phedra. Take med as directed. Warm compresses to aa. & leaning 30° prior to hs. ↑ head while sleeping. R/R P/R. Pt understands G. Fairbanks PA

11/19/02
Violette Geza, PharmD. RPh
Chief Pharmacist

G. Fairbanks
Physician Assistant

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

Moshier, Donald
10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE
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STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000121

11/27/02
1400

⑤ c/o coughing until he gets a
H/A & sore throat x yesterday
Pain 4 on 1-10 scale, can't
sleep at night

⑥ UAD 984-74-16 138/78

nose - V air exchange lt. nostril
throat - erythema & exudate
lungs - expiratory wheezes
LUL

ears - w/wl eyes - watery

(A) URI vs FLU syndrome

- ① 1) Acetified $\dot{\bar{r}}$ po TID x 5 days NK
- 2) Amoxicillin $\dot{\bar{r}}$ po BID # 14 NK
- 3) Tylenol 500 mg $\dot{\bar{r}}$ po q8^o prn
#30 NK
- 4) All fluids preet
- 5) F/U 11/30/02 in PM

[Signature]
J. Glenn T. M.P.C. J.W.-e

11/27/02
Violetta Geza, PharmD, RPh
Chief Pharmacist

[Large handwritten flourish]

NSN 7540-00-834-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

9/12/02 (S) Inmate c/o cont. lt. ear pain
1300 and c/o stiff neck & rt. shoulder
pain (see note 9/9/02) Pain 7/11-10/02
(S) Inmate unable to turn neck.
(F) (100²) - 24-12 138/88
neck - enlarged nodes, pain & rotation
lt. ear - TM dull, bulging, canal
has erythema.
(A) Otitis
(P) 1) Amoxicillin 500mg i po TID x 10 dx
2) Heat / ice to shoulder area
3) Cont. Motrin qn temp / pain
4) Educated on Rx plan of care
5) F/U prn sick call
6) Return 9/13 temp. ✓
7) Dr. Beam (exam inmate) J. GLENN, FNP
FCI MCKEAN

9/12/02
H. G. Beam, PharmD
N. G. Beam, PharmD

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

FCI McKean

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

10924-052

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000123

9/16/02
1025

S: PA called to unit to have pt report to H&U
States (C) ear pain is better. o.dig from
ear noted

O: (C) ear canal a thick yellow/green dig.
I'm not visible. EAC erythematous
Temp 98.2. Q/S of ear dig shows. Pseudo-
monas, S. aureus, beta hemolytic strep

A: O.K. S. vertebra

P: Stop taking Amoxicillin + return to H&U

to Cipro 500 mg π 20 tid x OK

Pt educ. take med as directed. R/O Thm.

9/19 @ 1230 for re. Pt understood

9/19/12

Gracia Fairbanks PA

GRACIA FAIRBANKS
Physician Assistant

OLSON, M.D.
CLINICAL DIRECTOR

NSN 7540-00-834-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

6/12/02
0920

Physical exam done

Gracia Fairbanks, PA

Gracia Fairbanks, MLP

8-4-02
1530

S: C/o pain in @ ear x 3 days. States it is draining on his pillow. Pain is '5-6' on 1-10 scale. Seeks relief. Also, C/o diabetes, family hx. OI NAD. @ ear: Canal clean, TM intact. @ ear: 2 cerumen. TM not observed. T-97.4

SHU

A: Cerumen impaction; K/o diabetes

P: Debrx, 5-7 gtt's in affected ear q.b. x 4 days #1 & R

Pt. education re: cleaning ears. Rtc x 4 days a.p.r.n for f/u.

Lab: K BS, Pt. understands.

CLINIC [illegible] WITH

BONNIE SAYLOR, NP
FCI MCKEANREVIEWED BY:
10/2/02
8/13/02H. BEAM, MD
FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT
FCI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

10924-052

WARD NO.

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000125